

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

May 13 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # **P96000097393 (8)**

1. Corporation Name

GENESIS ON-SITE INCORPORATED

Principal Place of Business

**13620 LAKE MAGDALENE BLVD.
UNIT 412
TAMPA FL 33618**

Mailing Address

**13620 LAKE MAGDALENE BLVD.
UNIT 412
TAMPA FL 33618-2374**

3. Date Incorporated or Qualified

11/25/1996

3a. Date of Last Report

N/A

2. Principal Place of Business

333 Falkenburg Rd. N.

2a. Mailing Address

333 Falkenburg Rd. N.

4. FEI Number

69-3416215

Applied For

☐ Not Applicable

Suite, Apt., etc.

Suite B-207

Suite, Apt., etc.

Suite B-207

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

City & State

Tampa, FL

City & State

Tampa, FL

6. Election Campaign Financing

☐

**\$5.00 May Be
Added to Fees**

Zip

33618

Country

USA

Zip

33618

Country

USA

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

**MOLONY, DANIEL F ESQ.
501 EAST KENNEDY BLVD.
SUITE 1400
TAMPA FL 33602**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

**P
SMITH, CHRISTINE M
13620 LAKE MAGDALENE BLVD.
TAMPA FL 33618**

TITLE ☐ DELETE

**ST
SMITH, MICHAEL D
13620 LAKE MAGDALENE BLVD.
TAMPA FL 33618**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

Christine M. Smith
CHRISTINE M. SMITH

04/29/97

655-9100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone # **0007512**

CR2E034 (9/96)